

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MAIDD/VYYY)

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATI BELOW, THIS CERTIFICATE OF INSTREPRESENTATIVE OR PRODUCER, A	VELY URAN 10 TH	OR CE E CE	NEGATIVELY AMEND, DOES NOT CONSTITUT EXTIFICATE HOLDER.	extei e a c	id or alte Contract i	er the com Between t	VERAGE AFFORDED BY HE ISSUING INSURER(S	THE ), AUT	POLICIES	
IMPORTANT: If the certificate holder the terms and conditions of the policy, certificate holder in lieu of such endon	certal	in pu	ITIONAL INSURED, the policies may require an en	oolicy( dorse	ies) must be ment. A stat	endorsed. ement on th	If SUBROGATION IS WA is certificate does not co	IVED, i nier nig	aubject to jits to the	
PRODUCER	) Cat to I I	60 63 3 6	enterprise production of the commence of the c	CONTAC NAME:	7			ACCORDING TO SERVICE AND SERVI		
Hometown Agent				PACK ROLL  [AC. No. Exit: (AC. Rol:						
300 Oak Street				ADDIE	•					
Anytown, IA				<b>,</b>		uner/al appor	DING COVERAGE	T	NAIC Ø	
			and the second	energe Exercises	RA:XYZ Ins					
NSURED ACB Company				WSUKE						
123 Main Street	MOURE									
Des Moines, IA	INSURE									
			I	MEURE						
and the second s		٠		Neure	RF:					
			NUMBER:				REVISION NUMBER:		Commence of the Commence of th	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA POLICI	emen VIN, IES.	VT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIE	OR OTHER I B DESCRIBE	YOCUMENT WITH RESPECT	TO W	MICH INIS I	
NER TYPE OF DISURANCE	NAO 1	WD	POLICY MUMBER		(AAAACOURINE)	THINDSALALO			1,000,000	
A X COMMERCIAL GENERAL LIABILITY  CLAMB-MADE X OCCUR	x		1234GL		01/01/2014	01/01/2015	EACH OCCURRENCE S OAMAGE TO RENTED PREMISES (Ea greativence)		100.000	
CLAIMS-MADE X OCCUR	^		120°76 b	:	A (talivalla	SHAHEAIA	MED EXP (Any one person)		6,000	
						.•	PERSONAL & ADV INJURY	***************************************	1,000,000	
GEVL AGGREGATE LENT APPLIES PER:							GENERAL AGGREGATE		2,000,000	
POLICY PRO- LOC			1			t ,	PRODUCTS - COMPIOP AGG		2,000,000	
OTHER:				p.4002200	Rogal signeral			8		
AUTOMOBILE LIABILITY				01/01/2014			COASINED SINGLE LIMIT (Es scribe)()	3	1,000,000	
A X ANY AUTO	x		1234A		01/01/2014	01/01/2016	BODILY MURY (Per parson)	)		
ALLOWNED SCHEDULED AUTOS							BODILY INJURY (Per socident)	à		
AUTOS AUTOS AUTOS NON-OWNED AUTOS	1						PROPERTY DAMAGE (Per exclosin)	}		
								8		
X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	3	1,000,000	
A EUCEBS LIAB CLAIMS-MADE	티 X		1234UM	07/07/	01/01/2014	01/01/2015	AGGREGATE :	6	1,000,000	
DEO RETENTIONS	<b>↓</b>	_		·				<u> </u>		
WORKERS COMPENSATION AND EMPLOYERS LABILITY ANY PROPRETORPATINEMEXECUTIVE OFFICERALEMBER EXCLUDED? (Blandstory in NH) If was disastible under	MIA X			os ma mass	AA INA IMMAA	01/01/2015	X STATUTE STATUTE		saa naa	
		X	1234WC		911011Z014			3	500,000 500,000	
	1			1			EL DISEASE - POLICY LINET	<u>.</u>	800.000	
if yes, describe under DESCRIPTION OF OPERATIONS below	╂╾┼			<del></del>			EL DISEASE - POLICY LIMIT	<u></u>		
	1 1								·	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES IA	COFE	101, Additional Remarks Schools	le, may b	e etteched 17 mor	e epece la requir	24			
Above Insurance Coverages ap	90 DE - T P							f .		
Iowa Events Center, Des Moine			· · · · · · · · · · · · · · · · · · ·			_		* 1		
Management (Manager) and Po										
Polk County as an additional in										
				varye	of the de	lenses avai	nable to Folk County			
under Chapter 670 of the Code	01 10.	wa.			.e	···········		بشبيب		
CERTIFICATE HOLDER				CAN	CELLATION		······································	1 		
lowa Events Center 730 3rd Street				THE	EXPIRATION	HT STAG V	escribed policies de Ca Ereof, notice Will Bi Ly Provisions.	NCELLI E DEL	ed before Ivered in	
Des Moines, IA 50309				AUTHO	REED REFRESA	NTATIVE	nadalakitika dibadi katika katika papa menangan serina nangan di Alipera		***************************************	



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/26/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

C	ertificate holder in lieu of such endor	seme	ent(s)	•						_			
PRODUCER						CONTACT Lori Potter							
	nmercial Lines - 800-990-7465 (CA DO	37356	01)	PHONE (A/C, No, Ext): 603-559-1372 FAX (A/C, No): 855-529-7684									
Safehold Special Risk, Inc.						E-MAIL ADDRESS: lori.potter@safehold.com							
	Commerce Way, Suite 230				INS	URER(S) AFFOR	DING COVERAGE		NAIC#				
Por	tsmouth, NH 03801				INSURE	RA: NOVA	Casualty Cor	mpany		42552			
	RED				INSURE	RB:	·**·						
	bal Spectrum, Inc.				INSURE	ERC:							
	bal Spectrum Facility Management, LP				INSURE	ERD:	****						
	1 South Broad St.				INSURE								
	adelphia, PA 19148			INSURER F:									
				NUMBER: 9287553				REVISION NUMBER:					
C	HIS IS TO CERTIFY THAT THE POLICIE: IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	remei Tain,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO	WHICH THIS			
INSR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)			IITS				
	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	WSE-CL-0010002-3	***************************************			EACH OCCURRENCE	s	1.000.000			
Α	CLAIMS-MADE X OCCUR			WSE-CL-0010002-3		06/30/2015	06/30/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000			
	X 10,000 Deductible applies Per Occur							MED EXP (Any one person)	s	EXCLUDED			
								PERSONAL & ADV INJURY	s	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	NONE			
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGO		2,000,000			
	OTHER:							Deductible	\$	10,000			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$				
	ANY AUTO							BODILY INJURY (Per person)	\$				
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per acciden	t) \$				
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$				
									\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
	DED RETENTION \$	<u> </u>							\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$				
(Mandatory in NH)								E.L. DISEASE - EA EMPLOYE	E \$				
DESCRIPTION OF OPERATIONS below		<u> </u>						E.L. DISEASE - POLICY LIMIT	·   \$				
	•						•						
		<u> </u>											
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC												
res	rtificate holder including Polk County G pects their interest in claims arising out rd St., Des Moines, IA.	of the	ment, e negl	it's elected officials, emplo ligence of the named insure	yees, a ed and	agents and ex only as it rela	hibitors are ir tes to their op	icluded as Additional Insperations of the Iowa Ev	ureds' s ents Cer	olely as nter, 730			
CERTIFICATE HOLDER						CANCELLATION							
lo	wa Events Center							SCRIBED POLICIES BE					
73	0 Third St.				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
Des Moines, IA 50309													
					AUTHORIZED REPRESENTATIVE								



## CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 07/01/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER			The second values and the second value of the	CONTA NAME:	CT							
Aon Risk Services Central, Inc. Philadelphia PA Office			PHONE (A/C, No. Ext): (215) 255-2000 FAX (A/C, No.): (215) 255-1893									
One Liberty Place L650 Market Street				E-MAIL ADDRE			(A/G, NO.);					
Suite 1000 Philadelphia PA 19103 USA				N/	AIC#							
NSURED			INSURER A: National Union Fire Ins Co of Pittsburgh 15									
lobal Spectrum, Inc. lobal Spectrum Facility Managemen	t, LI	Р		INSURER B:								
601 S. Broad Street hiladelphia PA 19148 USA	•			INSURE								
in rade pinta 17 15140 057				INSURE								
					INSURER E: INSURER F:							
OVERAGES CER	TICIO	ATE	NUMBER: 57005		R F:		EVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH	OF II	NSUF EMEI	RANCE LISTED BELO NT, TERM OR COND THE INSURANCE AS	OW HAVE BEE	CONTRACT	OR OTHER	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC THEREIN IS SUBJECT TO	T TO WHICH	I THIS ERMS,			
NSR TYPE OF INSURANCE		SUBI			POLICY EFF (MM/DD/YYYY)			wil are as rec	luester			
COMMERCIAL GENERAL LIABILITY	11130	1110			(MANADO/IIII)	(MHANDOLL L.I.I.	EACH OCCURRENCE					
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)					
							MED EXP (Any one person)					
							PERSONAL & ADV INJURY					
GEN'L AGGREGATE LIMIT APPLIES PER:						İ	GENERAL AGGREGATE					
POLICY JECT LOC OTHER:							PRODUCTS - COMP/OP AGG					
AUTOMOBILE LIABILITY				**************************************			COMBINED SINGLE LIMIT (Ea accident)					
ANYAUTO		İ					BODILY INJURY ( Per person)					
ALLOWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	~~				
AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)					
A X UMBRELLALIAB X OCCUR			BE046157821	***************************************	06/30/2015	06/30/2016	EACH OCCURRENCE	\$25,00	20 000			
EXCESS LIAB CLAIMS-MADE			SIR applies per	policy ter			AGGREGATE	\$25,00				
DED X RETENTION							AGGILLONIL	\$25,00	70,000			
WORKERS COMPENSATION AND							PER STATUTE OTH-		######################################			
ANY PROPRIETOR / PARTNER / EXECUTIVE							E.L. EACH ACCIDENT					
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE-EA EMPLOYEE	······································				
If yes, describe under DESCRIPTION OF OPERATIONS below				************			E.L. DISEASE-POLICY LIMIT					
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks S	chedule, may be	attached If more	space is require	LL_d)	······································				
ridence of Coverage												
EDTIECATE HOLDED				CANOTI	TION							
ERTIFICATE HOLDER				CANCELLA	MION							
				1			'		_			
							BED POLICIES BE CANCELLED		E			
					DATE THERE		BED POLICIES BE CANCELLED LL BE DELIVERED IN ACCORDA					
Iowa Events Center 730 Third Street				EXPIRATION POLICY PRO	DATE THERE	OF, NOTICE WI						

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Aon Rish Services Central Inc.